

INTEGRATED SILICON SOLUTION, INC.

RECEIVED
CENTRAL FAX CENTER

AUG 15 2008

Fax Cover Sheet

To: Office of Petitions Fax: (511) 273-8300
From: ISSI Date: Aug 15, 2008
Re: Patent Review Pages: 5 (incl cover sheet)
CC: _____

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

Patent Number 6,917,934

1940 Zanker Rd. San Jose, CA 95112

Tel: (408) 969-6600 Fax: (408) 969-7800 Web: www.issi.com

RECEIVED
CENTRAL FAX CENTER

14089697800

P.02/05

AUG 15 2008

PTO/SB/123 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF
CORRESPONDENCE ADDRESS
Patent

Address to:
 Mail Stop Post Issue
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

| | |
|------------------------|-------------|
| Patent Number | 6917934 |
| Issue Date | 07/12/2005 |
| Application Number | 10/065,261 |
| Filing Date | 09/30/2002 |
| First Named Inventor | Cheng, Paul |
| Attorney Docket Number | ALNC01500 |

Please change the Correspondence Address for the above-identified patent to:

 The address associated with Customer Number:

OR

 Firm or Individual Name

1940 Zanker Road

Address

| | | | | | |
|------|----------|-------|----|-----|-------|
| City | San Jose | State | CA | ZIP | 95112 |
|------|----------|-------|----|-----|-------|

Country

| | |
|-----------|-------|
| Telephone | Email |
|-----------|-------|

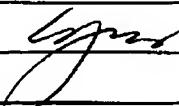
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).

I am the:

- Patentee.
- Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or agent of record. Registration Number _____.

Signature

Typed or Printed Name 

Date

Telephone 408-969-5124

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is covered by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete.